

ADMINISTRATIVE ORDER NUMBER 6-12

SUBJECT: Donation of Time to an Employee

Responsible Department: City Manager

Date Issued: December 1, 1998

Date Revised: December 13, 2016

Approved: *Signature on File*

Purpose

To establish a procedure whereby City employees may donate Vacation, Holiday Time, Administrative Leave, Annual Leave, or Compensatory Time Off to an eligible employee who has exhausted his/her Sick Leave, Vacation and all other paid leave or is not receiving other wage reimbursement due to 1) an illness or injury, 2) the illness or injury of a member of his/her immediate family ("immediate family" as defined by the Fresno Municipal Code [FMC], or 3) to the estate of an eligible employee who has passed away. This Administrative Order also establishes a procedure whereby a manager can donate Annual Leave in order to provide awards to employees. All requests for donation of time are subject to Director and City Manager approval.

An eligible employee is defined as one who occupies a permanent position in either probationary, permanent, or at will status.

Policy

The following applies to an employee or a member of an employee's immediate family who has suffered an illness or injury:

- a) The eligible employee, or a member of his/her immediate family, must be suffering from an illness or injury and not from one or two-day incidents or other short-term disorders. If the eligible employee is taking time for a family member, the employee must expect an absence of two or more weeks after exhaustion of paid leave. The expected term of absence must be verified by a physician by completing the attached form or submitting a separate document providing such verification.
- b) There must be an expectation that the employee will return to full duty within 12 weeks of the approved request, as verified by a physician. If an employee is unable to return within 12 weeks, the request may be renewed if verified by a physician, but in no case shall an employee be eligible for receipt of leave donation for a period of more than six months.
- c) The eligible employee must exhaust all of his/her accumulated or available leave balances (e.g. Sick Leave, Supplemental Sick Leave, Vacation, Compensatory

Time Off, Annual Leave, Administrative Leave, Supplemental Administrative Leave, and Holiday Time) before being eligible for donated time.

- d) The eligible employee must not be receiving other wage replacement/reimbursement such as injury pay, temporary disability payments, long term disability payments, or State Disability Insurance, unless allowed by provisions in Memorandum of Understanding (MOU) or Terms and Conditions.
- e) Only Vacation, Compensatory Time Off, Annual Leave, Administrative Leave, and Holiday Time may be donated, in units of one hour or more.
- f) Pledges for donated time must be made within two pay periods of the dissemination of the request to employees.
- g) The value of the time donated shall be converted to the value of the time used.
- h) Leave provided to the employee shall be used, to the extent possible, to provide a full paycheck. If less than eight hours are received during the month, no contribution for the applicable health plan shall be made by the City for that calendar month, unless otherwise required by federal/state regulations.
- i) Once an employee receiving donated time returns to work, donations will no longer be deducted from the leave of employees who have agreed to donate time.
- j) Any donated time not used shall not be returned to any person having donated the time, unless the receiving employee's absence is later determined to be covered under Workers' Compensation regulations, State Disability Insurance (SDI), or Long Term Disability unless the leave donated would put the employee over the cap on leave usage. In such case, the receiving employee's compensation shall be adjusted pursuant to the appropriate Workers' Compensation regulations, and the donated time returned to the donating employee.
- k) Departments are required to submit to the Finance Department all available donated time for full pay periods.
- l) One staff person in the employee's department shall coordinate the use of donated time and assure that the donated time is properly administered, including sending completed donation forms to Finance and preparation of the worksheet that provides the detailed calculations of the leave donations.

The following applies to donations for an employee who has passed away:

Time donated for an employee who has passed away shall be included in the final check or a supplemental check for the employee. Such time shall be limited to a total of

13 pay periods of time for the receiving employee, not to exceed \$50,000. If the amount of leave donated exceeds 13 pay periods, leave will be used in the order in which leave donations are received and processed. Only leave which can be cashed in within the fiscal year of the donation may be used for such donations. Employees who are provided with a life insurance benefit by the City are not eligible for this leave donation benefit.

The following applies to leave donations for the purpose of employee recognition:

Department managers may donate annual leave as an award to employees for a day off, provided the City Manager approves the donation. The time awarded should not exceed the number of hours in the employee's workday. Department payroll clerks will provide Payroll staff in the Finance Department with a completed spreadsheet that contains all necessary approvals for processing.

Procedures

Employees or recognized employee organizations requesting that an employee become eligible for receipt of donated time must use the following procedure:

- a) Submit the completed request form to the Department Director.
- b) The Department Director/designee reviews the request and recommends approval or denial of the request to the City Manager/designee, according to the provisions included herein.
- c) The City Manager/designee reviews the request and recommends approval or denial of the request to the City Manager/designee, according to the provisions included herein.
- d) If the request is approved, a copy of the completed request form shall be sent to the Finance Department for processing.
- e) The originating department/division shall provide the initial request for time donation to the City Public Information Officer. It is the responsibility of the City Public Information Officer to publish the initial request for time donation. At no time will any information on the request for donation include any mention of specific medical information.
- f) Authorization to Adjust and reduce Vacation, Holiday, Compensatory Time Off, Annual Leave, or Supplemental Administrative Leave Hours form must be received five days before the end of the end of the pay period to be applied to the pay period.

Attachments: Request For Donation Of Time To Employee Form

CITY OF FRESNO
REQUEST FOR DONATION OF TIME TO EMPLOYEE

Employee's Name: _____ Employee ID _____

Original Request ☐

Employee's Division: _____ Renewal ☐

To be completed by the Attending Physician for an employee who is ill or injured:

Is the illness/injury to the employee or to the employee's immediate family member of extended duration? **YES** ☐ **NO** ☐. *If the answer is "no," the employee does not qualify.*

Expected duration of the illness: _____

Date employee is expected to return to work: _____

I have examined this patient and hereby certify that the medical portion of this form is accurate to the best of my knowledge.

Name of Attending Physician (print) _____

Attending Physician's Signature

Date

(To be completed by division Payroll Clerk:)

Employee is eligible as defined in AO 6-12: YES ☐ NO ☐.

Employee's Leave Balances as of: _____

Sick Leave: _____

Supplemental Sick Leave: _____

Vacation: _____

Compensatory Time Off: _____

Annual Leave: _____

Administrative Leave: _____

Supplemental Administrative Leave: _____

Holiday Time: _____

Total donated time used to date: _____ (for renewal purposes)

Anticipated Donation of Time Needed: _____

RECOMMENDATION OF PERSONNEL SERVICES DEPARTMENT:

☐ I recommend approval of the request for donation of time.

Time period approved for: _____

☐ I recommend that the request be denied.

Personnel Services

Date

Comments:

RECOMMENDATION OF DEPARTMENT DIRECTOR/DESIGNEE:

☐ I recommend approval of the request for donation of time.

Time period approved for: _____

☐ I recommend that the request be denied.

Department Director

Date

Comments:

ACTION OF CITY MANAGER/DESIGNEE

☐ Approved ☐ Denied.

City Manager (or designee)

Date

**AUTHORIZATION TO ADJUST AND REDUCE VACATION, HOLIDAY,
COMPENSATORY TIME OFF, ANNUAL, OR ADMINISTRATIVE LEAVE HOURS**

I, _____, the undersigned, hereby authorize and direct the Controller of the City of Fresno to adjust and reduce my accrued:

1. Vacation Leave Balance	_____	hours
2. Holiday Time Balance	_____	hours
3. Compensatory Time Off Balance	_____	hours
4. Annual Leave Balance	_____	hours
5. Administrative Leave Balance	_____	hours
	_____	Total Hours

The hours reduced are to be applied for the purpose of maintaining salary and benefits for City employee _____.

This authorization is in accordance with CAO approval.

EMPLOYEE ID: _____

DEPARTMENT: _____

DIVISION: _____

HOURLY RATE: _____ (To be completed by payroll clerk.)

SIGNATURE OF EMPLOYEE: _____ DATE: _____